MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08523

CERTIFICATE OF DEATH

8515 Reg. Dist. No. 62

1. PLACE OF DEATH:
COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton Rfd. 4 miles
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Penna COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pattatown. 75 X-3
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Lizzie (Middle) Elma (Last) Hampton
4. DATE OF DEATH: (Month) Sept. (Day) 18th (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last Birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widow	Sept. 4th 1873	82 yrs.		14		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): at home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pattstown
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David Fetter
14. MOTHER'S MAIDEN NAME: Sara Yerger.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 — (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT'S ADDRESS: Park Hampton, Denton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
422.2 Immediate cause	(a) Pulmonary Oedema	3 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Myocardial Abnormal	4 years
	(c) DUE TO	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 9, 1955, to Sept 18, 1955, that I last saw the deceased alive on Sept 17, 1955, and that death occurred at 7 A M, from the causes and on the date stated above.
SIGNATURE Dawson D George M.D. (Degree or title) ADDRESS Denton Md DATE SIGNED 9/20/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Sept 21, 1955 NAME OF CEMETERY OR CREMATORY Highland Memorial LOCATION (City, town, or county) Pattstown (State) Md
DATE REC'D BY LOCAL REGISTRAR 9/20/55 REGISTRAR'S SIGNATURE Wm D George
24. FUNERAL DIRECTOR J. Virgil Swiontek Jr. ADDRESS Denton

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08524

8516

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Caroline MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Preston – Rural
LENGTH OF STAY (in this place) 20 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 68 Near Harmony

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Preston – Rural X
STREET ADDRESS (If rural give location) Near Harmony 1

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) Wilmore (Last) James

4. DATE OF DEATH: (Month) (Day) (Year) September 30 1955

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: May 14, 1891

9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Day Laborer

10B. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. 220-26-8241

17. INFORMANT & ADDRESS: Rev. N.C.Stanley, Denton, Md., R.F.D.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

IMMEDIATE CAUSE (A) Chronic Myocardial Degeneration — INTERVAL BETWEEN ONSET AND DEATH: 1 yr +

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) General Arteriosclerosis — 1 yr +

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 19 54, to Oct. 19 55, that I last saw the deceased alive on Oct. 1, 1955, and that death occurred at 9:10 M, from the causes and on the date stated above.

SIGNATURE W O Harrison M. D. ADDRESS Hurlock Md DATE SIGNED 10/3/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Oct. 4, 1955

NAME OF CEMETERY OR CREMATORY Harmony Cemetery

LOCATION (City, town, or county) (State) Near Preston, Maryland

DATE REC'D BY LOCAL REGISTRAR 10-4-55

REGISTRAR'S SIGNATURE Cordia D. Plummer

24. FUNERAL DIRECTOR ADDRESS J.J.Frampton and Son, Federalsburg, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08525

8517

CERTIFICATE OF DEATH

Reg. Dist. No. 60

1. PLACE OF DEATH:
COUNTY Caroline MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Templeville
LENGTH OF STAY (in this place) 64 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Templeville
STREET ADDRESS (If rural give location) None

3. NAME OF DECEASED: (Type or Print) (First) EARL (Middle) (Last) MOORE

4. DATE OF DEATH: (Month) Sept. (Day) 20 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	2/2/1891	64 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Carpenter	None	Maryland	U.S.A.

13. FATHER'S NAME: Isaac Moore

14. MOTHER'S MAIDEN NAME: Sarah Everett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
No	213-18-5297	Laura McKnatt Templeville Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

IMMEDIATE CAUSE (A) Cardio Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH: 10 years

ANTECEDENT CAUSE (S) DUE TO (B) Hypertension — 10 years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
0		

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?
M.		None

22. I hereby certify that I attended the deceased from Jan 1, 1944 to Sept 20, 1955, that I last saw the deceased alive on 9/18, 1955, and that death occurred at 10½ AM, from the causes and on the date stated above.

SIGNATURE J. H. Hamilton M. D. ADDRESS Millington Md DATE SIGNED 9/21/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/23/55	Templeville	Templeville, Md.

DATE REC'D BY LOCAL REGISTRAR 9/23/55 REGISTRAR'S SIGNATURE J. Clark Smith 24. FUNERAL DIRECTOR ADDRESS J. E. Boulais Greensboro, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

08526

8518

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 61

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Greensboro; MARYLAND; LENGTH OF STAY (in this place) 5 Yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Greensboro; STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) Rody (Last) Morris

4. DATE OF DEATH: (Month) 9 (Day) 30 (Year) 55 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 10/18/1889

9. AGE last birthday: 65 yrs. If under 1 year: Months / Days. If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Tennant

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William E. Morris

14. MOTHER'S MAIDEN NAME: Anna Turner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mary Dorman Greensboro, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

431X

Immediate cause (a) Myocarditis Acute — Interval between onset and death: Immediate

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Dawson C. Yeager M.D. Deputy Medical Examiner - Denton Md 10/3/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 10/3/55 — NAME OF CEMETERY OR CREMATORY: Greensboro — LOCATION (City, town, or county) (State): Greensboro, Md.

DATE REC'D BY LOCAL REG. 10/3/55 — REGISTRAR'S SIGNATURE: L. MacPippin — 24. FUNERAL DIRECTOR ADDRESS: J. E. Boulden Greensboro, Md.

8519

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08527

CERTIFICATE OF DEATH

Reg. Dist. No. 61

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Greensboro
LENGTH OF STAY (in this place) 30 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Tribbitt Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greensboro X
STREET ADDRESS (If rural give location) None

3. NAME OF DECEASED: (Type or Print) (First) Luman (Middle) M. (Last) Strong

4. DATE OF DEATH: (Month) 9 (Day) 14 (Year) 55 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: ?/?/1873

9. AGE last birthday 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Telegraph Operator

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Wisconsin

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: No Record

14. MOTHER'S MAIDEN NAME: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes 2

(If Yes, give war or dates of service) S.P.A.&War 1

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mildred M. Ginn Greensboro, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

334X IMMEDIATE CAUSE Cerebral Renal Arteriosclerosis

DUE TO

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 5, 1955 to Sept. 14, 1955 that I last saw the deceased alive on Sept. 13, 1955, and that death occurred at 1:10 A M, from the causes and on the date stated above.

SIGNATURE Curtis Saunders M. D. ADDRESS Greensboro Md DATE SIGNED Sept 14 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 9/18/55

NAME OF CEMETERY OR CREMATORY Dodgeville

LOCATION (City, town, or county) (State) Dodgeville, Wisconsin

DATE REC'D BY LOCAL REGISTRAR Sept. 15-1955

REGISTRAR'S SIGNATURE L. Mae Pepper

24. FUNERAL DIRECTOR J. E. Boulais ADDRESS Greensboro, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

09601

8520

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 64

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Caroline — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 80

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg R.F.D. 1
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Guy (Middle) K. (Last) Wheatley

4. DATE OF DEATH: (Month) Sept. (Day) 28 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Sept 9 1891

9. AGE last birthday: 64 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Caroline Poultry Farms

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry M. Wheatley

14. MOTHER'S MAIDEN NAME: Virdie Eskridge

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W. I

16. SOCIAL SECURITY NO.: 217-05-9206

17. INFORMANT AND ADDRESS: Raymond Wheatley - Federalsburg R.F.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Internal Injuries — Interval Between Onset and Death: Immediate

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Crushed by Truck — 1 hr.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Caroline Poultry Farms — (CITY OR TOWN): Federalsburg — (COUNTY): Caroline — (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): Sept 28 1955 3:45 p.m.

INJURY OCCURRED While at Work ☑ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Dawson O. George Deputy Medical Examiner — 9/28/55

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Oct. 2 1955

NAME OF CEMETERY OR CREMATORY: Cokesbury Cemetery

LOCATION (City, town, or county) (State): Federalsburg R.F.D. Md.

DATE REC'D BY LOCAL REG.: Oct. 1, 1955

REGISTRAR'S SIGNATURE: Everett Nuttle, Deputy

24. FUNERAL DIRECTOR — ADDRESS: J. Harvey Williamson — Federalsburg Md.